2024 Wellness Certificate

Ashwaubenon School District



Completion of this Wellness Certificate is required for each employee and spouse covered under the health plan of the Ashwaubenon School District. If both spouses complete a separate Wellness Certificate, a "Wellness Credit" will apply to plan holders' health insurance premium for the next calendar year (2025).

Wellness Certificates will be accepted December 1st, 2023 – November 30th, 2024 for the 2025 calendar year. The Wellness Credit will not apply if the certificate is received after November 30th.

SECTION I – TO BE COMPLETED BY TH	E MEDICAL PLAN PARTICIPANT (EMPLOYEE OR SPO)USE)			
Step 1: Complete all <u>required</u> fields below:					
Participant Name:	ASD Employee Name:				
Step 2: Participation Authorization					
I hereby authorize my primary care provide	r's office to complete this document on my behalf.				
Signature:		Date: _			
SECTION II – TO BE COMPLETED BY PI	RIMARY CARE PROVIDER'S OFFICE				
Step 1: Circle Yes, No, or N/A (Not Applicat	ble) to indicate participant is up-to-date with the follow	ing:			
Physical Exam(s): For men and women, on *Lab work as determined by provider	e physical exam in the last 12 months.		Yes	No	N/A
Breast Cancer Screening: For women 40 ard determined by provider).	nd older (minimum requirement; frequency as		Yes	No	N/A
Cervical Cancer Screening: For women 21 and determined by provider).	and older (minimum requirement; frequency as		Yes	No	N/A
Colorectal Screening: For men and women determined by provider).	45 and older (minimum requirement; frequency as		Yes	No	N/A
Step 2: Provider designee must complete v	verification below				
Clinic Name:					
Clinic Address:					
Provider Name Signature:					
Print Name:		Date:			
Step 3: Return the completed Wellness C	ertificate to the Participant	_			

SECTION III – TO BE COMPLETED BY EMPLOYEE

Employee: Return completed Wellness Certificate to Ashwaubenon School District, Human Resources no later than November 30, 2024.

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